

UDOT SPONSORED COURSE
GUARDRAIL & CRASH CUSHION TRAINING
March 15TH , 16TH , 17TH 2005

COURSE RECOMMENDED FOR PRIME CONTRACTORS, SUB-CONTRACTORS AND CONSULTANT INSPECTORS

PLACE: University Of Utah, Sandy Campus
9875 South 240 West
Sandy, Utah
Room 120

TIME: 8:00 AM to 5:00 Daily
Sessions will start PROMPTLY at 8:00 AM

This course will satisfy UDOT Specifications
Section 02841 and Section 02843 requirements for training

DESCRIPTION: This course provides detailed information for the installation of guardrail and crash cushion systems.

OBJECTIVE: Upon completion of the course, participants will be able to:

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| 1. Apply the clear zone and length of need concepts | 4. Placement and installation requirements of barrier systems |
| 2. Identify the need for barrier | 5. UDOT Guardrail Standards and Crash cushion Standards |
| 3. Know the differences between barrier systems | 6. Crash Cushion Requirements |

MARCH 17TH , WILL FEATURE REPRESENTATIVES FROM ALL APPROVED CRASH CUSHION SUPPLIERS & MANUFACTURERS TO CERTIFY CONTRACTORS ON THE INSTALLATION OF UDOT APPROVED SYSTEMS

Each attendee will receive a Guardrail Installation Training Manual, UDOT'S Guidelines For Crash Cushions and installation manuals for each of the crash cushion and barriers end treatment systems.

Registration Information:

Limited Space Available -- filled on a first come basis. Completed confirmation form required for each attendee.

COURSE COST: \$ 300.00 per attendee

Make Checks Payable to: Utah Dept. of Transportation

Mail to: Utah Dept Of Transportation

Division of Traffic & Safety
Guardrail Training
4501 South 2700 West
Box 143200
Salt Lake City, Utah 84114-3200

CANCELLATIONS MUST BE RECEIVED BY MACH 3, 2005 FOR REFUND.

A MINIMUM OF 16 ATTENDEES REQUIRED

IF COURSE IS CANCELLED FULL REFUND WILL BE GIVEN NO SHOWS NONREFUNDABLE

Fax Registration Acceptable: 801-965-4736

Attn: Glenn Schulte or Sharon Twitchell

Registration & payment due March 8th , 2005

ON LINE REGISTRATION AVAILABLE AT:

<https://www.udot.utah.gov/admin/preview/index.php?m=c&tid=526&item=11738>

Make payment to address above

Company: _____	Phone #: _____
Address: _____	Fax #: _____

Attendee Name: 1. _____ 2. _____

Attendee Name: 3. _____ 4. _____

If you have any questions Contact Training Coordinator, Glenn Schulte, (801) 965-4376

ATTENDEE MUST BRING COMPLETED CONFIRMATION DAY OF COURSE

Office Use Only: Confirmation Notice will be returned upon payment

Amount Received: _____

Received From: _____

Date Received: _____

Received By: _____